



**Midwest
Orthopedic
Services, sc**

834 N. Seminary Street
Suite 406
Galesburg, Illinois 61401
309.341.1300 - telephone
309.341.1377 - fax
www.midwestorthopedicservices.com

PATIENT AUTHORIZATION

I hereby authorize payment to Midwest Orthopedic Services, S.C. for services rendered and billed to me.

I authorize release of medical information for insurance purposes.

If a workers' compensation claim is denied, we reserve the right to file your charges with your group carrier.

I authorize use of this form on all bills from this office.

I have read, understand, and agree to the Credit Policy Information sheets that were provided to me.

A Xerox copy is as good as any original on bills from this office.

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished to me by Midwest Orthopedic Services, S.C., its physicians, nurses or other healthcare providers. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient Name – Please Print

Medicare Number
If Applicable

Patient Signature

Date